

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90112 039 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000108534

1. Entity Name
HURRICANE HYDRO, INC.

Principal Place of Business: **7825 CAPWOOD AVE. TAMPA, FL 33637**
 Mailing Address: **7825 CAPWOOD AVE. TAMPA, FL 33637**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



90135012



CHECK HERE IF MAKING CHANGES

4. FEI Number: **16-1632936** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **FLORENCIANI, ANGEL 7825 CAPWOOD AVE. TAMPA, FL 33637**

7. Name and Address of New Registered Agent: _____

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Angel Florenciani* DATE: **5/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEES \$150.00
 After May 1, 2003 Fee will be \$590.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: HARVIN, ANTHONY STREET ADDRESS: 7825 CAPWOOD AVE. CITY-ST-ZIP: TAMPA, FL 33637	<input type="checkbox"/> Delete	TITLE: _____ NAME: HARVIN, TONY STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: WHITING, STEVEN STREET ADDRESS: 7825 CAPWOOD AVE. CITY-ST-ZIP: TAMPA, FL 33637	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: FLORENCIANI, ANGEL STREET ADDRESS: 7825 CAPWOOD AVE. CITY-ST-ZIP: TAMPA, FL 33637	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven A. Whiting* DATE: **5/9/03** (813) 9880859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)